

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	1	2	3/12/02
2	2	3	3/12/02
3	3	4	3/12/02
4	4	5	3/12/02
5	5	6	3/12/02
6	6	7	3/12/02
7	7	8	3/12/02
8	8	9	3/12/02
9	9	10	3/12/02
10	10	11	3/12/02
11	11	12	3/12/02
12	12	13	3/12/02
13	13	14	3/12/02
14	14	15	3/12/02
15	15	16	3/12/02
16	16	17	3/12/02
17	17	18	3/12/02
18	18	19	3/12/02
19	19	20	3/12/02
20	20	21	3/12/02
21	21	22	3/12/02
22	22	23	3/12/02
23	23	24	3/12/02
24	24	25	3/12/02
25	25	26	3/12/02
26	26	27	3/12/02
27	27	28	3/12/02
28	28	29	3/12/02
29	29	30	3/12/02
30	30	31	3/12/02
31	31	32	3/12/02
32	32	33	3/12/02
33	33	34	3/12/02
34	34	35	3/12/02
35	35	36	3/12/02
36	36	37	3/12/02
37	37	38	3/12/02
38	38	39	3/12/02
39	39	40	3/12/02
40	40	41	3/12/02
41	41	42	3/12/02
42	42	43	3/12/02
43	43	44	3/12/02
44	44	45	3/12/02
45	45	46	3/12/02
46	46	47	3/12/02
47	47	48	3/12/02
48	48	49	3/12/02
49	49	50	3/12/02

Claim	Final	Original	Date
51	51	52	
52	52	53	
53	53	54	
54	54	55	
55	55	56	
56	56	57	
57	57	58	
58	58	59	
59	59	60	
60	60	61	
61	61	62	
62	62	63	
63	63	64	
64	64	65	
65	65	66	
66	66	67	
67	67	68	
68	68	69	
69	69	70	
70	70	71	
71	71	72	
72	72	73	
73	73	74	
74	74	75	
75	75	76	
76	76	77	
77	77	78	
78	78	79	
79	79	80	
80	80	81	
81	81	82	
82	82	83	
83	83	84	
84	84	85	
85	85	86	
86	86	87	
87	87	88	
88	88	89	
89	89	90	
90	90	91	
91	91	92	
92	92	93	
93	93	94	
94	94	95	
95	95	96	
96	96	97	
97	97	98	
98	98	99	
99	99	100	

Claim	Final	Original	Date
101	101	102	
102	102	103	
103	103	104	
104	104	105	
105	105	106	
106	106	107	
107	107	108	
108	108	109	
109	109	110	
110	110	111	
111	111	112	
112	112	113	
113	113	114	
114	114	115	
115	115	116	
116	116	117	
117	117	118	
118	118	119	
119	119	120	
120	120	121	
121	121	122	
122	122	123	
123	123	124	
124	124	125	
125	125	126	
126	126	127	
127	127	128	
128	128	129	
129	129	130	
130	130	131	
131	131	132	
132	132	133	
133	133	134	
134	134	135	
135	135	136	
136	136	137	
137	137	138	
138	138	139	
139	139	140	
140	140	141	
141	141	142	
142	142	143	
143	143	144	
144	144	145	
145	145	146	
146	146	147	
147	147	148	
148	148	149	
149	149	150	

Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)